

# **EXHIBIT**

**8**



## Invoice

Bill To:

Name: Certain Care LLC  
Address: 24700 Center Ridge Rd. #250  
City/State/Zip Code: Westlake, OH 44145  
Tel/Fax: 440-250-8653

Date: 1-31-17

Name: Belinda  
Piece

*DUE UPON RECEIPT*

Day of the Week	Date	Time In - Time Out	Client	Total Hours	Rate/hr.	Total
		-			\$	
Monday	1-16-17	10A - 10A	Seltzer	24	16	\$ 384
		-			\$	
Thursday	1-19-17	8 <sup>30</sup> Am - 12 <sup>noon</sup>	Seltzer	27 <sup>1</sup> / <sub>2</sub>	16	\$ 440
		-			\$	
Monday	1-23-17	8 <sup>00</sup> Am - 10Am	Seltzer	26 <sup>1</sup> / <sub>2</sub>	16	\$ 416
		-			\$	
Thursday	1-26-17	8 <sup>30</sup> Am - 10Am	Seltzer	25 <sup>1</sup> / <sub>2</sub>	16	\$ 408
		-			\$	
Saturday	1-28-17	10A - 10A	Seltzer	24	16	\$ 384
		-			\$	
Monday	1-30-17	9A - 10A	Seltzer	25	16	\$ 400
		-			\$	
Tuesday	1-31-17	10A - 11A	Seltzer	1	16	\$ 16
		-			\$	
		-			\$	
		-			\$	
		-			\$	
		-			\$	

153

2448~

Signature: X Belinda Pierce

Thank You for Your Business

## Invoice

Certain Care LLC  
2193 South Green Road  
Cleveland, OH 44121

Fax # 216-382-5118  
E Mail [Brian@ffinancial.com](mailto:Brian@ffinancial.com)

	Beginning	Ending
Week	Sunday	Saturday
Name	3-19	3-25-17
	Belinda Pierce	

63 hrs

**Signature**

Belinda Pierce

\$1,008<sup>00</sup>

1,008<sup>00</sup>

## Invoice

Certain Care LLC  
2193 South Green Road  
Cleveland, OH 44121

Fax # 216-382-5118  
E Mail [Brian@flfinancial.com](mailto:Brian@flfinancial.com)

	Beginning	Ending
Week	Sunday	Saturday
Name	<u>9-17-17</u>	<u>9-23-17</u>

82 hours

\$1,312

**Signature**

Belinda Fierce